

**Political Organization  
Notice of Section 527 Status**

OMB No. 1545-1693

**Part I General Information**

1 Name of organization <i>Nancy Argenziano Campaign FL HOUSE DIST</i>		Employer identification number <i>Applied for</i>
2 Mailing address (P.O. Box or number, street, and room or suite number) <i>5814 W. Riverbend Rd</i>		43 <i>59-3660889</i>
City or town, state, and ZIP code <i>Dunellon, FL 34433</i>		
3 E-mail address of organization <i>KCHADWICK@HITTER.NET</i>		
4a Name of custodian of records <i>SANDRA CHADWICK</i>	4b Custodian's address <i>505 Hunting Lodge Dr. INVERNESS, FL 34453</i>	
5a Name of contact person <i>SANDRA CHADWICK</i>	5b Contact person's address <i>505 Hunting Lodge Dr. INVERNESS, FL 34453</i>	
6 Business address of organization (if different from mailing address shown above). Number, street, and room or suite number  City or town, state, and ZIP code		

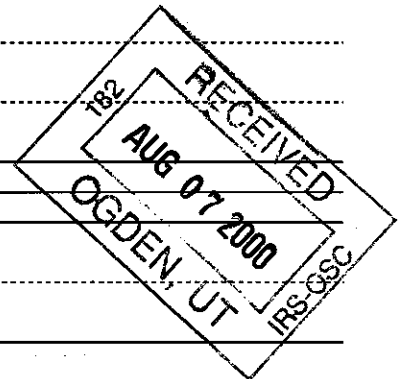
**Part II Purpose**

7 Describe the purpose of the organization

*RE-ELECT NANCY ARGENZIANO - FL HOUSE, DISTRICT 43*

**Part III List of All Related Entities (see instructions)**

8a Name of related entity	8b Relationship	8c Address
<i>N/A</i>		



**Part IV List of All Officers, Directors, and Highly Compensated Employees (see instructions)**

[illegible]

Under penalties of perjury, I declare that the organization named in Part I is to be treated as an organization described in section 527 of the Internal Revenue Code, and that I have examined this notice, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

**Sign  
Here**

Signature of authorized official

Signature of authorized official

7/31/00

Date \_\_\_\_\_



**Printed on recycled paper**

505 Hunting Lodge Drive  
Inverness, FL 34453  
Phone: 352-637-5548  
Fax: 352-637-0806

**Nancy Argenziano  
Campaign, FL House  
District 43**

# Fax

**To:** IRS

**From:** Sandra Chadwick

**Fax:** 678-530-6156

**Date:** July 29, 2000

**Phone:** 770-45-2360

**Pages:** 2

**Re:** EIN

**CC:**

☒ **Urgent**    ☐ **For Review**    ☐ **Please Comment**    ☐ **Please Reply**    ☐ **Please Recycle**

**•Comments:** Attached is the SS-4 for the Campaign of Nancy Argenziano. We need the EIN in order to meet the July 31, 2000 deadline.

*EIN has been applied for. I will  
resubmit when it is rec'd.*

*(Sc)*

Form

**SS-4****Application for Employer Identification Number**

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

EIN

(Rev. April 2000)

Department of the Treasury  
Internal Revenue Service

OMB No. 1545-0003

► Keep a copy for your records.

Please type or print clearly.	1 Name of applicant (legal name) (see instructions) <b>NANCY ARGENZIANO</b>		3 Executor, trustee, "care of" name <b>CAMPAIGN FL. HOUSE, DISTRICT 43</b>	
	2 Trade name of business (if different from name on line 1)			
	4a Mailing address (street address) (room, apt., or suite no.) <b>5814 W. RIVERBEND RD</b>		5a Business address (if different from address on lines 4a and 4b)	
	4b City, state, and ZIP code <b>DUNNELLON, FL 34433</b>		5b City, state, and ZIP code	
	6 County and state where principal business is located <b>CITRUS, FL</b>			
	7 Name of principal officer, general partner, grantor, owner, or trustee—SSN or ITIN may be required (see instructions) ► <b>065-46-6241</b>			
	8a Type of entity (Check only one box.) (see instructions) <b>NANCY ARGENZIANO</b>			

8a Type of entity (Check only one box.) (see instructions)

Caution: If applicant is a limited liability company, see the instructions for line 8a.

- |   |  |
|---|--|
| <input type="checkbox"/> Sole proprietor (SSN)                                    | <input type="checkbox"/> Estate (SSN of decedent)      |
| <input type="checkbox"/> Partnership  | <input type="checkbox"/> Plan administrator (SSN)      |
| <input type="checkbox"/> REMIC  | <input type="checkbox"/> Other corporation (specify) ► |
| <input type="checkbox"/> State/local government                                   | <input type="checkbox"/> Trust                         |
| <input type="checkbox"/> Church or church-controlled organization                 | <input type="checkbox"/> Federal government/military   |
| <input type="checkbox"/> Other nonprofit organization (specify) ►                 | (enter GEN if applicable)                              |
| <input checked="" type="checkbox"/> Other (specify) ► <b>CAMPAIGN - POLITICAL</b> |  |

8b If a corporation, name the state or foreign country (if applicable) where incorporated	State	Foreign country
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9 Reason for applying (Check only one box.) (see instructions)	<input type="checkbox"/> Banking purpose (specify purpose) ►
<input type="checkbox"/> Started new business (specify type) ►	<input type="checkbox"/> Changed type of organization (specify new type) ►
<input type="checkbox"/> Purchased going business	<input type="checkbox"/> Created a trust (specify type) ►
<input type="checkbox"/> Hired employees (Check the box and see line 12.)	<input checked="" type="checkbox"/> Other (specify) ► <b>NEW LAW</b>
<input type="checkbox"/> Created a pension plan (specify type) ►	

10 Date business started or acquired (month, day, year) (see instructions) <b>5/28/99</b>	11 Closing month of accounting year (see instructions) <b>DECEMBER</b>
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12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) . . . . .	<b>N/A</b>
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13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0-. (see instructions) . . . . .	Nonagricultural	Agricultural	Household
	<b>0</b>	<b>0</b>	<b>0</b>

14 Principal activity (see instructions) ► <b>CAMPAIGN - STATE</b>
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15 Is the principal business activity manufacturing? . . . . .	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
If "Yes," principal product and raw material used ►		

16 To whom are most of the products or services sold? Please check one box.	<input type="checkbox"/> Business (wholesale)	<input checked="" type="checkbox"/> N/A
<input type="checkbox"/> Public (retail)	<input type="checkbox"/> Other (specify) ►	

17a Has the applicant ever applied for an employer identification number for this or any other business? . . . . .	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Note: If "Yes," please complete lines 17b and 17c.		

17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.	Legal name ►	Trade name ►
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17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.	Approximate date when filed (mo., day, year)	City and state where filed	Previous EIN
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Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Name and title (Please type or print clearly.) ► <b>SANDRA CHADWICK, TREASURER</b>	Business telephone number (include area code) <b>(352) 637-5548</b>
	Fax telephone number (include area code) <b>(352) 637-0806</b>

Signature ► <b>Sandra Chadwick</b>	Date ► <b>7/28/00</b>
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Note: Do not write below this line. For official use only.

Please leave blank ►	Geo.	Ind.	Class	Size	Reason for applying
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For Privacy Act and Paperwork Reduction Act Notice, see page 4.

Cat. No. 16055N

Form **SS-4** (Rev. 4-2000)